FORM D

#### **UNITED STATES** SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

**PROCESSED** 

Mail Progessing Section APR 10 2006

NOTICE OF SALE OF SECURITIES HOMSON PURSUANT TO REGULATION DE PURSUANT AND LO **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY Prefix Serial DATE RECEIVED

SEC 1972 (2-97)

- Alashington	
Name of Offering check this is an amendment and name has changed, and indicate	ete change.)
Private Placement of Limited Partnership Interests of Insignia Insurance Dedicated Fund, L.	<u></u>
Filing Under (Check box(es) that apply):  Rule 504 Rule 505 Rule 506	Section 4(6) ULOE
Type of Filing: New Filing Amendment	100)// 43101001/43101001/43101001/43101001/43101001/431001/431001/431001/431001/431001/431001/431001/431001/43
A. BASIC IDENTIFICAT	TON DATA
Enter the information requested about the issuer	
Name of Issuer	c change.) 08046811
Insignia Insurance Dedicated Fund, L.P.	00040011
Address of Executive Offices (No. and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
114 West Seventh Street, Suite 1300, Austin, Texas 78701	(512) 637-9700
Address of Principal Business Operations (No. and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	
Investment Partnership	
Type of Business Organization	
corporation	elready formed
business trust Imited partnership,	to be formed
Actual or Estimated Date of Incorporation or Organization:  Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbrev	
CN for Canada; FN for other foreign juris	diction)
GENERAL INSTRUCTIONS	
Federal:	
Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6	
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is de received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it	
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.	
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any of signatures	opies not manually signed must be photocopies of the manually signed copy or bear typed or printed
Information Required. A new filing must contain all information requested. Amendments need only report the name of changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SE	
Filing Fee: There is no federal filing fee.	
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a stamount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The AMILIANCE ATTENTION	rate requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper
Egiture to file nation in the engagnists states will not see it in a less	a of the federal exemption. Conversely failure to file
Failure to file notice in the appropriate states will not result in a los the appropriate federal notice will not result in a loss of an av	
predicated on the filing of a federal notice.	Tanable State exemption unless such exemption is
produced on the ming of a load of the load of	
Potential persons who are to respond to the collection of information contained in this form are not required to respond	unless the form displays a currently valid OMB control number.

A. BASIC IDENTIFIC	CATION DATA		
2. Enter the information requested for the following:			
Each promoter of the issuer, if the issuer has been organized within the part Each beneficial owner having the power to vote or dispose, or direct the vote of the		r more of a class of	of equity securities of the
issuer;  X Each executive officer and director of corporate issuers and of corporate §	general and managing partner	rs of partnership is	suers; and
X Each general and managing partner of partnership issuers.  Check Box(es) that Apply:  Promoter  Beneficial Owner	Executive Officer	Director	☑ General and/or Managing Partner
Full Name (Last name first, if individual)			
Meritage Capital, L.P., General Partner  Business or Residence Address (Number and Street, City, State, Zip Code)  114 West Seventh Street, Suite 1300, Austin, Texas 78701			
Check Box(es) that Apply:  Promoter  Beneficial Owner	☐ Executive Officer	Director	☑ General and/or Managing Partner
Full Name (Last name first, if individual) MFI Capital, LLC, General Partner of the General Partner			
Business or Residence Address (Number and Street, City, State, Zip Code) 248 Addie Roy Rd, Suite C200, Austin, Texas 78746			
Check Box(es) that Apply:  Promoter  Beneficial Owner	☐Executive Officer	☐ Director	☑ General and/or Managing Partner
Full Name (Last name first, if individual) St. James's Park Holding, LLC, General Partner of the General Partner			
Business or Residence Address (Number and Street, City, State, Zip Code) 3801 N. Capital of Tx Hwy., E240, #62 Austin, Texas 78746			
Check Box(es) that Apply:  Promoter  Beneficial Owner	⊠Executive Officer	☐ Director	☑General and/or Managing Partner
Full Name (Last name first, if individual) Meredith, Thomas J., Chief Executive Officer of MFI Capital, LLC			
Business or Residence Address (Number and Street, City, State, Zip Code) 114 West Seventh Street, Suite 1300, Austin, Texas 78701			
Check Box(es) that Apply:  Promoter  Beneficial Owner	⊠Executive Officer	☐ Director	☑General and/or Managing Partner
Full Name (Last name first, if individual) Smith, Alex C., Manager of St. James's Park Holding, LLC			
Business or Residence Address (Number and Street, City, State, Zip Code) 114 West Seventh Street, Suite 1300, Austin, Texas 78701	•		
Check Box(es) that Apply:  Promoter  Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)			
Business or Residence Address (Number and Street, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)			
Business or Residence Address (Number and Street, City, State, Zip Code)			_
Check Box(es) that Apply:	☐ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)			
Business or Residence Address (Number and Street, City, State, Zip Code)			
			}

												ERINC	,		
1. F	las the	e issuer	sold or			ntend to in Apper						offering'	?	Yes □	No ⊠
2. What is the minimum investment that will be accepted from any individual?											\$ <u>700,0</u>	00.00			
3. I	Ooes ti	ne offer	ing pern	nit joint	ownersh	nip of a s	ingle ut	nit:						Yes ⊠	No
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.															
Full N	lame (	Last na	me first,	, if indiv	ridual)										
Busin	ess or	Reside	nce Add	ress (Nu	ımber ar	id Street	, City, S	State, Zij	p Code)				-		
Name	of As	sociate	d Brokei	r or Dea	ler										
						i or Inte									All States
	AL]	[AK]	[AZ]	[AR]		(CO]	[CT]		[DC]	[FL]	[GA]	(HI)	[ID]		
Ī	[IL]	[IN]	[IA]	[KS]				[MD]	[MA]	[Ml]	[MN]	[MS]	[MO]		
	MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[0H]	[OK]	[OR]	[PA]		
_	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]			[WA]			[WY]	[PR]		
Full N	lame (	Last na	me first,	, if indiv	ridual)	<u>-</u>									
Busin	ess or	Reside	nce Add	ress (Ni	ımber ar	d Street	, City, S	State, Zij	p Code)				••		
Name	of As	sociate	d Broke	r or Dea	ler									. • .	
						d or Inte									
														L	All States
-	AL]	[AK]		_	-	[CO]					[GA]		[ID]		
	[IL]	[IN]	[IA]	[KS]		[LA]			[MA]			[MS]	[MO] [PA]		
_	MT] [RI]	[NE]	[SD]	[TN]		[NM] [UT]									
Full N	lame (	Last na	me first	, if indiv	idual)										
						nd Street	City S	State 7is	n Code)					· · · ·	
				`		id Olice	, 010, 0	, zai							
Name	of As	sociate	d Broke	r or Dea	ler								<u> </u>		
						d or Inte									All States
•	AL]	[AK]	[AZ]		[CA]		[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		
_	[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]		
	MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]		
_	[RI]	[SC]	[SD]	[TN]	[XT]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

### C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box $\square$ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.					
	Type of Security		Aggreg Offering		Am	ount Already Sold
	Debt	\$_	0		\$	0
	Equity	\$_	0		\$	0
	☐ Common ☐ Preferred					
	Convertible Securities (including warrants)	S	0		\$	0
	Partnership Interests		47,883,1	11.69	\$ 47	,883,111,69
	Other (Specify)	_	0		\$	0
	Total	_	47,883,1	11.69	\$ 47	,883,111.69
	Answer also in Appendix, Column 3, if filing under ULOE	_				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if the answer is "none" or "zero."					
			Numb Invest		Do	Aggregate ollar Amount f Purchases
	Accredited Investors		4		\$ <u>47</u>	7,883,111.69
	Non-accredited Investors		0		\$	0
	Total (for filings under Rule 504 only)		N/A		\$	N/A
	Answer also in Appendix, Column 4, if filing under ULCE					
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.		_			
	Type of offering		Type Secur		Do	ollar Amount Sold
	Rule 505		N/A	-	\$	N/A
	Regulation A	_	N/A		\$	N/A
	Rule 504		N/A		\$	N/A
	Total	_	N/A		s	N/A
	100	_			<b>-</b>	
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the secuthis offering. Exclude amounts relating solely to organization expenses of the issuer. The informable given as subject to future contingencies. If the amount of an expenditure is not known, furnish estimate and check the box to the left of the estimate.	ation				
	Transfer Agent's Fees				\$	0
	Printing and Engraving Costs				\$	0 .
	Legal Fees				\$	0
	Accounting Fees				\$	0
	Engineering Fees				\$	0
	Sales Commissions (specify finder's fees separately)				\$	0
	Other Expenses (identify)				\$	.0
	Total				\$	0
						<del></del>

	C. OFFERING PRICE, N	UMBER OF INVESTORS, EXPE	ENSES AND US	E OF PR	CCEEDS	<u>S</u>
	b. Enter the difference between the aggregation and total expenses furnished in response to proceeds to the issuer."	Part C-Question 4.a. This difference is t	he "adjusted gross			\$ <u>47,883,111,69</u>
5.	Indicate below the amount of the adjusted g each of the purposes shown. If the amount check the box to the left of the estimate. The proceeds to the issuer set forth in response to	for any purpose is not known, furnish an e total of the payments listed must equa	estimate and			
	·			Of Dire	ments to fficers, ectors, & filiates	Payments To Others
	Salaries and fees			\$		\$
	Purchase of real estate			<b>\$</b>		\$
	Purchase, rental or leasing and install	ation of machinery and equipment		\$		\$
	Construction or leasing of plant build	ings and facilities		\$		s
		ding the value of securities involved in s		\$		\$
	Repayment of indebtedness	\$		\$		
	Working capital			\$		\$
	Other (specify) (investments)			\$	<u></u> ⊠	\$_47,883,111,69
	Column Totals			\$	X	\$ <u>47,883,111.69</u>
	Total Payments Listed (column totals	added)			\$ <u>47.</u> 8	383 <u>,111.69</u>
		D. FEDERAL SIGNATU	RE			
ign	issuer has duly caused this notice to be signed ature constitutes an undertaking by the issuer rmation furnished by the issuer to any non-acc	to furnish to the U.S. Securities and Exc	hange Commission	s filed un , upon wr	der Rule 50 itten reques	05, the following st of its staff, the
Iss	uer (Print or Type)	Signature	Date			
Ins	signia Insurance Dedicated Fund, L.P.	aly C. Smile	April 8,	2008		
Na	me of Signer (Print or Type)	Title of Signer (Print or Type)				
Al	ex C. Smith	Manager of St. James's Park Holding Partner	LLC, General Partn	er of Mer	itage Capit	al, L.P., General
		ATTENTION				
	Intentional misstatements or on	issions of fact constitute federal of	riminal violation	s. (See	18 U.S.C	. 1001).

		E. STATE SIGNATURE								
1.	Is any party described in 17 CFR 230.262 prule?		Yes □	No ⊠						
	See Appendi	x, Column 5, for state response.								
2.	The undersigned issuer hereby undertakes t (17 CFR 239.500) at such times as required	o furnish to any state administrator of any state in by state law.	which this notice is	s filed, a notice	on Form D					
3.	The undersigned issuer hereby undertakes t offerees.	o furnish to the state administrators, upon written i	request, informatio	n furnished by t	he issuer to					
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.									
	e issuer has read this notification and knows t dersigned duly authorized person.	he contents to be true and has duly caused this not	ice to be signed on	its behalf by th	e					
Işs	uer (Print or Type)	Signature	Date							
Ins	ignia Insurance Dedicated Fund, L.P.	aly C. Smith	April 8, 2008							
Na	me of Signer (Print or Type)	Title of Signer (Print or Type)								
Al	Alex C. Smith  Manager of St. James's Park Holding LLC, General Partner of Meritage Capital, L.P., General									

#### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Partner

# APPENDIK

1		2	3		5					
	accredited St (Pa	sell to non- investors in cate rt B- m 1)	Type of security and aggregate offering price offered in state (Part C- Item 1)	Туре о	Type of investor and amount purchased in State (Part C-Item 2)					
State	Yes	No	Limited Partnership Interests	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount			
AL							<del></del>			
AK										
AZ										
AR										
CA										
со										
СТ										
DE		No	Limited Partnership Interests \$10,137,050.69	2	\$10,137,050.69	0	\$0	No		
DC										
FL				•						
GA										
ні										
ID					·					
(L										
IN				<u>.</u>						
IA										
KS							ų.			
КҮ										
LA										
ME	ļ		<u></u> =							
MD				:						
MA			<u> </u>	\$						
MI	<u> </u>	<u> </u>						1		

### APPENDIX

1		2	3		5					
	accredited Si (Pa	sell to non- investors in tate art B- m 1)	Type of security and aggregate offering price offered in state (Part C- Item 1)	Туре с	Type of investor and amount purchased in State (Part C-Item 2)					
State	Yes	No	Limited Partnership Interests	Number of Accredited Investors		Amount	Number of Non- Accredited Investors	Amount	:	
MN	105		11101.0010	111100000						
MS										
МО										
MT					"					
NE										
NV										
NH						***				
NJ		-								
NM									•	
NY										
NC										
ND	<u> </u>									
ОН										
ОК										
OR	l ·		,		1.					
PA	<u> </u>									
RI										
SC										
SD										
TN										
TX				•						
UT										
VT										
VA										

## APPENDLE

1		2	3		4			5	
	accredited	o sell to non- d investors in State art B- em 1)	Type of security and aggregate offering price offered in state (Part C- Item 1)	Type of	Type of investor and amount purchased in State (Part C-Item 2)				
State	Yes	No	Limited Partnership Interests	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount		
WA									
wv									
WI									
WY									
PR									

**END**